COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2013

603-271-3591

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Cheshire Medical Center

Street Address 580 Court Street

City Keene

County 03 - Cheshire

State NH Zip Code 3431

Federal ID # 20354549

State Registration # 6269

Website Address: www.cheshire-med.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission? No IF YES, please attach the updated information.

Chief Executive:

Arthur Nichols

354-5400

anichols@cheshire-

med.com

Board Chair:

Sylvia McBeth

-3528534

sm@csmcbeth.com

Community Benefits

Plan Contact:

Eileen Fernandes

354-5400

efernandes@cheshire-

med.com

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: We lead our community to become the nation's healthiest through our clinical and service excellence, collaboration, and compassion for every patient every time. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

201 1100 1 21 000 (200 21112)	,
Acworth	03601
Alstead	03602
Chesterfield	03443
E. Swanzey	03446
Fitzwilliam	03447
Gilsum	03448
Harrisville/Chesham	03450
Keene	03431
Marlborough	03455
Marlow	03456
Nelson/Munsonville	03457
Richmond	03470
Roxbury	03431
Spofford	03462
Stoddard	03464
Sullivan	03445
Surry	03431
Swanzey	03431
Troy	03465
Walpole	-03608
Westmoreland	03467
W. Chesterfield	03466
W. Swanzey	03469
Winchester	03470
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Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

We serve the general population

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2013 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from				
	attached list of community needs)				
1	100				
2	122				
3	120				
4	420				
5	300				
6	406				
7	401				
8	601				
9	370				

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	407
В	522
С	421
D	501
E	330
F	507
G	604

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary*: The priority needs are identified in the current community health needs assessment which was completed in 2013. See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2014 and Attachment 3 for the evaluation report.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Com N Add	Veed	1	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	4	D	5	\$473,205.00	\$482,669.00
Community-based Clinical Services	6	5		\$5,023.00	\$5,123.00
Health Care Support Services	1	9		\$52,940.00	\$53,999.00
Other: Various	1	4	G	\$509,285.00	\$519,471.00

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training	1 F	\$13,201.00	\$13,465.00
Intern/Residency Education	1 F	\$121,001.00	\$123,421.00
Scholarships/Funding for Health Professions Ed.	1 F	\$141,510.00	\$144,340.00
Other: other health students	F Other	\$100,037.00	\$102,038.00

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Type of Service: Pulmonary Rehab.	E	\$67,698.00	\$69,052.00
Type of Service: Behavioral Health Services	2 5 9	\$1,107,278.00	\$1,129,424.00
Type of Service:			
Type of Service:			
Type of Service:			

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research	·		
Community Health Research	4 5 E	\$127,001.00	\$129,541.00
Other:			

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E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)	
Cash Donations	1 5	\$31,900.00	\$32,538.00	
Grants				
In-Kind Assistance	2 6 B	\$174,449.00	\$177,938.00	
Resource Development Assistance				

Assistance			
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F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure Improvement			
Economic Development		·	
Support Systems Enhancement	В	\$115,848.00	\$118,165.00
Environmental Improvements			
Leadership Development; Training for Community Members	· · · · · · · · · · · · · · · · · · ·		
Coalition Building	4 6 C	\$34,212.00	\$34,896.00
Community Health Advocacy	1 4 6	\$28,493.00	\$29,063.00

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G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs	9	\$134,646.00	\$137,339.00
Community Needs/Asset Assessment	·		
Other Operations	 1 9 5	\$152,925.00	\$155,984.00

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	1 3	\$2,169,025.00	\$2,212,406.00

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I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs exceeding reimbursement	1 3	\$1,103,313.00	\$11,256,019.00
Medicaid Costs exceeding reimbursement	1 3	\$7,247,729.00	\$7,392,684.00
Other Publicly-funded health care costs exceeding reimbursement	: nn nn		

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount			
Gross Receipts from Operations	\$378,220,765.00			
Net Revenue from Patient Services	\$152,776,118.00			
Total Operating Expenses	\$152,350,693.00			
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Net Medicare Revenue	\$55,478,463.00			
Medicare Costs	\$66,513,776.00			
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Net Medicaid Revenue	\$7,373,951.00			
Medicaid Costs	\$14,621,680.00			
Unreimbursed Charity Care Expenses	\$2,169,025.00			
Unreimbursed Expenses of Other Community Benefits	\$3,390,652.00			
Total Unreimbursed Community Benefit Expenses	\$5,559,677.00			
	# The state of the			
Leveraged Revenue for Community Benefit Activities	\$160,085.00			
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	\$5,719,762.00			

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Dartmouth Hitchcock Keene			\boxtimes	
Home Healthcare Hospice and Community Services			\boxtimes	
Southwest Regional Planning Commission	X		\boxtimes	
4) Monadnock United Way		\boxtimes	\boxtimes	
5) Monadnock Community Hospital	\boxtimes			
6) Community Advisory Council - representatives of each town		\boxtimes	\boxtimes	\square
7) Council for a Healthier Community - community leaders	\boxtimes	\boxtimes	\boxtimes	
8) NH Department of Health and Human Services				
9) Greater Monadnock Public Health Network	\boxtimes		\boxtimes	
10) NH Hospital Association -Foundation for Healthy Communities				
11) Antioch University New England	\square			\boxtimes
12) NH Center for Public Policy				
13)				
14)				
15)				
16)				
17)				<u> </u>
18)				Ш
19)				
20)				
21)				
22)				
23)				
24)				
25)				

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

In 2013, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The Cheshire Medical Center/Dartmouth Hitchcock Keene (CMC/DHK) Community Advisory Committee served as the Leadership Team for this process. The membership of this committee consists of representation from all the towns served by CMC/DHK.

The 2013 CHNA report summarizes the work of the CHNA Leadership Team and the efforts of other local collaborative groups to assess the needs of our region. Several community partners recently completed community needs assessments. In an effort to insure a comprehensive assessment of the needs in the region occurred without duplicating the efforts of other

organizations, the CHNA Leadership Team incorporated the work of Healthy Monadnock 2020, Monadnock Futures, Monadnock United Way, and Monadnock Community Hospital into this process. With this collaborative approach, a diverse repsentation of the community was taken into account to determine the prioritized needs. Numerous non-profit organizations, pubic and private educational institutions, municipalities, the business community and private citizens were included in the process.

The results were used to strengthen and support the needs assessment process. Four community needs were prioritized above the other identified needs:

Behavioral health services – increasing the effectiveness of local services

Urgent care –timely and economical access to services instead of emergency room care

Transportation – increase access to public/private transportation particularly in rural towns

Improved coordination and communication between services – improving linkages between
clinical services, faith-based organizations, and informal support network

In addition to these priorities, the implementation strategy also provides an overview of other CMC/DHK community benefit activities that are aligned with our mission or considered necessary to support ongoing efforts from previously identified community needs. The community health needs identified in the 2013 CHNA provide the basis for the development of the Implementation Strategy.

The Cheshire Medical Center/Dartmouth Hitchcock Keene Community Advisory Committee reviewed and commented on the community benefit report. The 2013 CHNA, Implementation Strategy and Community Benefit report is available to the public on the Cheshire Medical Center website: www.cheshire-med.org.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue			
Written charity care policy available to the public	\boxtimes		
Any individual can apply for charity care	\boxtimes		
Any applicant will receive a prompt decision on eligibility and amount of charity care offered			
Notices of policy in lobbies	\boxtimes		
Notice of policy in waiting rooms	\boxtimes		
Notice of policy in other public areas	\boxtimes		
Notice given to recipients who are served in their home			\boxtimes

List of Potential Community Needs for Use on Section 3

- 100 Access to Care; General
- 101 Access to Care; Financial Barriers
- 102 Access to Care; Geographic Barriers
- 103 Access to Care; Language/Cultural Barriers to Care
- 120 Availability of Primary Care
- 121 Availability of Dental/Oral Health Care
- 122 Availability of Behavioral Health Care
- 123 Availability of Other Medical Specialties
- 124 Availability of Home Health Care
- 125 Availability of Long Term Care or Assisted Living
- 126 Availability of Physical/Occupational Therapy
- 127 Availability of Other Health Professionals/Services
- 128 Availability of Prescription Medications
- 200 Maternal & Child Health; General
- 201 Perinatal Care Access
- 202 Infant Mortality
- 203 Teen Pregnancy
- 204 Access/Availability of Family Planning Services
- 206 Infant & Child Nutrition
- 220 School Health Services
- 300 Chronic Disease Prevention and Care; General
- 301 Breast Cancer
- 302 Cervical Cancer
- 303 Colorectal Cancer
- 304 Lung Cancer
- 305 Prostate Cancer
- 319 Other Cancer
- 320 Hypertension/HBP
- 321 Coronary Heart Disease
- 322 Cerebrovascular Disease/Stroke
- 330 Diabetes
- 340 Asthma
- 341 Chronic Obstructive Pulmonary Disease
- 350 Access/Availability of Chronic Disease Screening Services
- 360 Infectious Disease Prevention and Care; General
- 361 Immunization Rates
- 362 STDs/HIV
- 363 Influenza/Pneumonia
- 364 Food borne disease
- 365 Vector borne disease

- 370 Mental Health/Psychiatric Disorders Prevention and Care; General
- 371 Suicide Prevention
- 372 Child and adolescent mental health
- 372 Alzheimer's/Dementia
- 373 Depression
- 374 Serious Mental Illness
- 400 Substance Use; Lifestyle Issues
- 401 Youth Alcohol Use
- 402 Adult Alcohol Use
- 403 Youth Drug Use
- 404 Adult Drug Use
- 405 Youth Tobacco Use
- 406 Adult Tobacco Use
- 407 Access/Availability of Alcohol/Drug Treatment
- 420 Obesity
- 421 Physical Activity
- 422 Nutrition Education
- 430 Family/Parent Support Services
- 500 Socioeconomic Issues; General
- 501 Aging Population
- 502 Immigrants/Refugees
- 503 Poverty
- 504 Unemployment
- 505 Homelessness
- 506 Economic Development
- 507 Educational Attainment
- 508 High School Completion
- 509 Housing Adequacy
- 520 Community Safety & Injury; General
- 521 Availability of Emergency Medical Services
- 522 Local Emergency Readiness & Response
- 523 Motor Vehicle-related Injury/Mortality
- 524 Driving Under Influence
- 525 Vandalism/Crime
- 526 Domestic Abuse
- 527 Child Abuse/Neglect
- 528 Lead Poisoning
- 529 Work-related injury
- 530 Fall Injuries
- 531 Brain Injury
- 532 Other Unintentional Injury

- 533 Air Quality
- 534 Water Quality
- 600 Community Supports; General
- 601 Transportation Services
- 602 Information & Referral Services
- 603 Senior Services
- 604 Prescription Assistance
- 605 Medical Interpretation
- 606 Services for Physical & Developmental Disabilities
- 607 Housing Assistance
- 608 Fuel Assistance
- 609 Food Assistance
- 610 Child Care Assistance
- 611 Respite Care

999 - Other Community Need